

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF EMPLOYEE APPEALS



REPLY TO:
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East Building
Suite 620 East
WASHINGTON, D.C. 20024
(202) 727-0004
FAX (202) 727-5631

DESIGNATION OF EMPLOYEE REPRESENTATIVE

You are entitled to be represented in this appeal by the individual or organization of your choice, unless your choice results in a conflict of interest for the person or organization chosen.

This Office does not designate a representative for you. You must choose your own representative. If you decide to appoint a representative, make sure that your representative is able to proceed on your behalf so that a timely decision can be issued.

As a general rule, continuances or extensions of time will not be granted to allow you to obtain a representative.

A representative may assist and counsel you in the preparation and presentation of your appeal. Your representative may appear with you or for you at hearings or other proceedings before this Office.

When you designate a representative, you give this Office your permission to disclose all information concerning your appeal to your representative.

Once you identify your representative, this Office will only communicate with your representative regarding your appeal.

If you do not complete and return this form, or similar statements in writing, this Office will not release information or permit your representative to represent you in your appeal.

EMPLOYEE MUST COMPLETE THIS SECTION; EMPLOYEE AND REPRESENTATIVE MUST SIGN BELOW

I hereby designate the individual or organization named below to represent me in connection with my appeal before the Office of Employee Appeals, and to receive all information concerning my appeal from the Office and the other parties to the appeal. I recognize that even though I have a representative, I am still personally responsible for prosecuting my appeal in a timely manner. I understand that this designation may be cancelled by me, or the individual or organization that I have designated, and that I am responsible for notifying the Office and other parties in writing of that cancellation.

Name of Appellant: _____ OEA Docket No: _____

Name of Representative _____ Area Code and Telephone Number _____

Address _____ City, State _____ Zip Code _____

Signature of Employee: _____ Signature of Representative: _____

Date: _____ Date: _____